

POSITION	INITIALS	ID NO.	DATE
	<i>AS</i>		<i>03/24/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		<i>8</i>	<i>3-30-00</i>
FORMALITY REVIEW		<i>70671</i>	<i>5/25/00</i>
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                      I ..... Interference  
 - (Through numeral)... Canceled                      A ..... Appeal  
 + ..... Restricted                      O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
1	<i>11/19/99</i>
2	<i>02/01/00</i>
3	<i>02/01/00</i>
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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